No
IN THE
SUPREME COURT OF THE UNITED STATES
CARINA CONERLYPETITIONER
VS.
SHARIF TARPINRESPONDENT(S)
MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS
The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.
Please check the appropriate boxes:
Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):
Petitioner has not previously been granted leave to proceed <i>in forma pauperis</i> in any other court.
Petitioner's affidavit or declaration in support of this motion is attached hereto.
Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:
The appointment was made under the following provision of law:
a copy of the order of appointment is appended.

(Signature) RECEIVED
JUN - 9 2021

AFFIDAVIT OR DECLARATION IN SUPPORT OF MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

- I, Carina Conerly, am the petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.
- 1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source		Average monthly amount during he past 12 months		Amount expected next month	
		You	Spouse	You	Spouse
Employment		\$0	\$0	\$0	\$0
Self-Employment		\$0	\$0	\$0	\$0
Income from real prope (such as rental income)		\$0	\$0	\$0	\$0
Interest and dividends		\$0	\$0	\$0	\$0
Gifts		\$0	\$0	\$0	\$0
Alimony		\$0	\$0	\$0	\$0
Child Support		\$_49.58_	\$0	\$690_	\$0
Retirement (such as soo Security, pensions, Annuities, insurance)	cial	\$0	\$0	\$0	\$0
Disability (such as soci Security, insurance pay		\$0	\$0	\$0	\$0
Unemployment payme	nts	\$0	\$0	\$0	\$0
Public-assistance (such	as welfare)	\$0	\$0	\$0	\$0
Other (specify):		\$0	\$0	\$0	\$0
Total monthly i	ncome:	\$49.58_	\$0	\$690_	\$0

CalSTRS100 Waterfront Place8/08/2015 to\$	Employer	Address	Dates of Employment	Gross monthly Pa
N/A N/A N/A S N/A S. List your spouse's employment history for the past two years, most recent employer first (Gross monthly pay is before taxes or other deductions.) Employer Address Dates of Gross monthly Members N/A N/A N/A S N/A N/A N/A N/A N/A N/A N/A N/A S N/A N/A N/A N/A N/A N/A N/A S N/A N/A N/A N/A N/A N/A N/A N/A N/A S N/A	CalSTRS	West Sacramento, CA	_8/08/2015 to	\$\$4,788
Employer Address Dates of Gross monthly In Employment N/A	N/A	N/A	N/A	\$N/A
Comployer Address Dates of Gross monthly In Employment N/A	N/A	N/A	N/A	\$N/A
Employment N/A N/A N/A N/A N/A N/A N/A N/	. List your spouse (Gross monthly	e's employment history for t pay is before taxes or other	he past two years, modeductions.)	ost recent employer first
N/A	Employer	Address		Gross monthly Pa
N/A	N/A	N/A		\$N/A
How much cash do you and your spouse have? \$_0_ Below, state any money you or your spouse have in bank accounts or in any other finance institution. Type of account (e.g., checking or savings) Amount you have Amount your spouse has Checking	N/A	N/A	N/A	\$N/A
How much cash do you and your spouse have? \$_0_ Below, state any money you or your spouse have in bank accounts or in any other finance institution. Type of account (e.g., checking or savings) Amount you have Amount your spouse has Checking	N/A	N/A	N/A	\$N/A
savings \$\$\$\$	Below, state any	do you and your spouse hav money you or your spouse l	e? \$0_ have in bank accounts	s or in any other financia
N/A \$_N/A \$_N/A	Below, state any institution.	money you or your spouse l	have in bank accounts	s or in any other financia Amount your
	Below, state any institution. Type of account (money you or your spouse le.g., checking or savings)	have in bank accounts Amount you have	s or in any other financia Amount your spouse has
List the assets, and their values, which you own or your spouse owns. Do not list clothin ordinary household furnishings. Home Value_N/A Motor Vehicle #1 Year, make & model_N/A Year, make & model_N/A	Below, state any institution. Type of account (Checking	money you or your spouse le.g., checking or savings)	Amount you have \$5.04	S or in any other financial Amount your spouse has \$N/A
Value_N/A	Below, state any institution. Type of account (Checking savings	money you or your spouse le.g., checking or savings)	Amount you have \$5.04 \$2.54	Amount your spouse has \$N/A \$N/A
Year, make & model N/A Year, make & model N/A	Below, state any institution. Type of account (Checking	money you or your spouse le.g., checking or savings)	Amount you have \$5.04 \$2.54 \$N/A	Amount your spouse has \$N/A \$N/A \$N/A
	Below, state any institution. Type of account (Checking	money you or your spouse le.g., checking or savings) nd their values, which you only furnishings.	Amount you have \$5.04 \$2.54 \$N/A own or your spouse ov	Amount your spouse has \$N/A \$N/A \$N/A wns. Do not list clothing

Description_N/A			
Value_N/A	on owing you or you	r spouse money, and the	he
Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse	
Sharif Tarpin	\$_To be determined	\$N/A	
N/A	\$N/A	\$N/A	
N/A	\$N/A	\$N/A	
Name M.T		Age 4	
M.T.	Daughter	4	
N/A	N/A	N/A	
N/A	N/A	N/A	
8. Estimate the average monthly expenses of paid by your spouse. Adjust any payments annually to show the monthly rate.	you and your family that are made week	y. Show separately the ly, biweekly, quarterly You	amounts, or Your spouse
Rent or home-mortgage payment (include lot rented for mobile home) Are real estate taxes Included? Yes Is property insurance included? Yes	☑ No ☑ No	\$_1,000	\$_N/A
Utilities (electricity, heating fuel, Water, sewer, and telephone)		\$N/A	\$_N/A
Home maintenance (repairs and upkeep)		\$N/A	\$_N/A

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	You	Your spouse
Clothing	\$200	\$_N/A
Laundry and dry-cleaning	\$0	\$_N/A
Medical and dental expenses	\$0	\$_N/A
Transportation (not including motor vehicle payments)	\$200	\$_N/A
Recreation, entertainment, newspapers, magazines, etc.	\$13	\$_N/A
Insurance (not deducted from wages or included in mortgage payments		
Homeowner's or Renter's	\$N/A_	\$_N/A
Life	\$0	\$_N/A
Health	\$0	\$_N/A
Motor Vehicle	\$0	\$_N/A
Other: _Storage	\$295	\$_N/A
Taxes (not deducted from wages or included in mortgage payments)		
(Specify):		
Installment payments	\$N/A	\$_N/A
Motor Vehicle	\$_231.82	\$_N/A
Credit card(s)	\$_208	\$_N/A
Department Store(s)	\$N/A_	\$_N/A
Other:	\$N/A_	\$_N/A
Alimony, maintenance, and support paid to others	\$N/A_	\$_N/A
Regular expenses for operation of business, profession, Or farm (attach detailed statement)	\$N/A_	\$_N/A
Other (specify): _Storage	\$295	\$_N/A
Total monthly expenses:	\$N/A_	\$_N/A

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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
Yes No If yes, describe on an attached sheet. N/A
10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ✓ No
If yes, how much?N/A
If yes, state the attorney's name, address, and telephone number: N/A
11. Have you paid – or will you be paying anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?
☐ Yes ☑ No
If yes, how much? N/A
If yes, state the person's name, address, and telephone number: N/A
12. Provide any other information that will help explain why you cannot pay the costs of this case.
T. I. I. C. Sumalistatis Consideration in time and compact
I declare under penalty of perjury that the foregoing is true and correct.
Executed on: February 22, 2021

(Signature)